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#### MAIL TO:

Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470 Telephone: (916) 445-2021

WEB SITE ADDRESS:

http://ag.ca.gov/charities/

# ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code 11 Cal. Code Regs. sections 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filling penalties as defined in Government Code section 12586.1. IRS extensions will be honored.

018529

RECEIVEL
Attorney General's Offin

			r	T 17	2016	
018529		Check if:				
State Chanty Registration Number		Change of address	Cha	Registry of Charitable Trusts		
STANFORD SETTLEMENT INC.  Name of Organization		Amended report	Ona	mable i	rusts	
450 WEST EL CAMINO AVE						
Address (Number and Street) SACRAMENTO CA 95814		Corporate or Organization No. 0764		271		
City or Town, State and ZIP Code Federal Employer I.D. No. 94-155			94-1550	0842		
ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312)						
Make Check Payable to Attorney General's Registry of Charitable Trusts						
Gross Annual Revenue Fee	Gross Annual Revenue	Fee Gross Annual Revenue			Fee	
Less than \$25,000 0 Between \$25,000 and \$100,000 \$25	Between \$100,001 and \$250,000 Between \$250,001 and \$1 million	\$50 Between \$1,000,001 and \$10 million \$75 Between \$10,000,001 and \$50 million Greater than \$50 million			\$150 \$225 \$300	
PART A - ACTIVITIES						
For your most recent full accounting period (beginning 07/01/15 ending 06/30/16 ) list:						
Gross annual revenue \$ 751,695 Total assets \$ 2,176,708						
PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT						
Note: If you answer "yes" to any of the questions below, you must attach a separate sheet providing an explanation and details for each "yes"						
response. Please review RRF-1 inst					<del>,</del>	
				Yes	No	
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer,					х	
director or trustee thereof either directly or with an entity in which any such officer director or trustee had any financial interest?						
2. Duning this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable prop, or funds?					X	
3. During this reporting period, did non-program expenditures exceed 50% of gross revenues?				_ i C	X	
4. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the internal Revenue Service, attach a copy				130	x	
During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes," provide an attachment listing the name, address, and telephone number of the service provider.					х	
6. During this reporting period, did the organization receive any governmental funding? If so provide an attachment listing the name of the agency, mailing address contact person, and telephone number.  STMT 1				х		
_	a raffle for charitable purposes? If "yes" provide an attach	ment indicating the		х		
number of raffles and the date(s) they occurred.  8. Does the organization conduct a vehicle donation pro			STMT 2			
8. Does the organization conduct a vehicle donation program? If "yes." provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes					X	
Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?				– x		
Organization's area code and telephone number 916-927-1303						
Organization's e-mail address SISTERJEANNE@STANFORDSETTLEMENT.ORG						
I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and						
belief, it is true, correct and complete.						
Signature of authorized officer Printed Name EXECUTIVE DIRECTOR				10-	12-16	

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# STANFORD SETTLEMENT Neighborhood Center

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450 West El Camino Avenue • Sacramento, CA 95833 916-927-1303 office • 916-922-1694 fax

or a company from the state of the state of

### Question # 6) Statement 1:

County of Sacramento DHHS 7001-A East Parkway Sacramento, CA 95823 Contact: Abigail Nosce 916-875-5701

City of Sacramento
Ann Land-Bertha Henschel Trust
915 I Street, 4<sup>th</sup> Floor
Sacramento, CA 95814
Contact: Barbara Smith
916-808-5762

County Board of Supervisors 700 H Street Suite 2450 Sacramento, CA 95814 Contact: Supervisor Phil Serna

## Question #7) Statement 2:

#### Raffles

1 - June 16, 2016 - Golf

1 – October 3, 2015 – Monte Carlo Night